

Notification of Change of Laboratory Director in Medical Test Site Office of Laboratory Quality Assurance 1610 NE 150 th Street, Shoreline, WA 98155 FAX 206-418-5505

License # MTS-_____CLIA #_____Fax #_____
 MTS Name _____Effective date of change_____

Name of new laboratory director:

Please provide information about the qualifications of the new director:
 Moderate complexity testing-on this page; High complexity testing-on next page

QUALIFICATIONS OF PERSONNEL FOR MODERATE COMPLEXITY TESTING	
DIRECTOR (Check only one)	
1. _____	Pathologist with State license
2. _____	MD, DO, DPM with State license and 1 year directing or supervising non-waived testing Which laboratory _____ Dates _____
3. _____	MD, DO, DPM with State license and 20 CMEs in laboratory practice Which program _____ Dates _____
4. _____	MD, DO, DPM with State license and lab training during residency equivalent to 20 CMEs Which program _____ Dates _____
5. _____	PhD in science and board certification (ABB, ABMM, ABCC, ABMLI)
6. _____	PhD in science and 1 year directing or supervising non-waived testing Which laboratory _____ Dates _____
7. _____	Master in science, + 1 year lab training and/or experience and 1 year lab supervisory experience
8. _____	Bachelor in science, + 2 years lab training and/or experience and 2 years lab supervisory experience
9. _____	On 2/28/92, serving as lab director and qualified or could have qualified as director under previous Medicare/CLIA independent lab personnel requirements
10. _____	On 2/28/92, was qualified under State law to direct a lab
For directors not qualified according to 1 through 5 above, complete the following information about the qualifications of your Clinical Consultant	
CLINICAL CONSULTANT (Check only one)	
1. _____	Pathologist with State license
2. _____	MD, DO, DPM with State license
3. _____	PhD in science and board certification (ABB, ABMM, ABCC, ABMLI)
SIGNATURE OF DIRECTOR	
I certify that the information included on this form is accurate:	
_____ Signature of the Medical Test Site Director	_____ Date

MD, DO, DPM
Director Qualification Requirements
Moderate Complexity Testing

Individuals with an MD, DO, DPM must have a State license and must meet one of the following requirements to qualify as a laboratory director of a medical test site performing moderate complexity testing:

- **1 year directing or supervising non-waived testing**

OR

- **20 Continuing Medical Education credits (CMEs) in laboratory practice**

OR

- **Laboratory training during residency equivalent to 20 CMEs in laboratory practice**

On page 8 of the Medical Test Site License Application form, select the route by which you qualify as a moderate complexity testing laboratory director, and provide specific information about the location and dates of your laboratory experience and/or training.

If you need to obtain the 20 hour CME credits for laboratory directors of moderate complexity testing, the following courses are available:

1. University of Wisconsin and COLA

Physician's Office Laboratory (POL) Symposium: Three day meeting with national speakers and exhibits containing POL equipment.

www.COLA.org or (800) 981-9883

2. University of Wisconsin and COLA

Lab University: On-line laboratory director course.

www.labuniversity.org

These courses are designed to meet the CLIA requirement at 493.1405(b)(2)(ii)(B). They are accredited by the ACCME and are designated as AMA PRA category 1 credits.

QUALIFICATIONS OF PERSONNEL FOR HIGH COMPLEXITY TESTING

DIRECTOR (Check only one)

1. _____ Pathologist with State license
2. _____ MD, DO, DPM with State license and 1 year lab training in medical residency
Which program _____ Dates _____
3. _____ MD, DO, DPM with State license and 2 years directing or supervising high complexity testing
Which laboratory _____ Dates _____
4. _____ Ph.D. in science and board certification (ABB, ABMM, ABCC, ABMLI)
5. _____ Ph.D. in science and before 2/24/03, served or serving as director of a high complexity testing laboratory and 2 years laboratory training and/or experience and 2 years directing or supervising high complexity testing
Which laboratory _____ Dates _____
6. _____ On 2/28/92, serving as a lab director and qualified or could have qualified as director under previous Medicare/CLIA independent lab personnel requirements
7. _____ On 2/28/92, was qualified under State law to direct lab
8. _____ For subspecialty of oral pathology, be certified by the American Board of Oral Pathology, American Board of Pathology; or American Osteopathic Board of Pathology or equivalent

For directors not qualified according to 1, 2, 3, 4 or 8 above, complete the following information about the qualifications of your Clinical Consultant

CLINICAL CONSULTANT (Check only one)

1. _____ Pathologist with State license
2. _____ MD, DO, DPM with State license
3. _____ PhD in science and board certification (ABB, ABMM, ABCC, ABMLI)
4. _____ DDS certified in oral pathology (ABOP, ABP, AOBP)

SIGNATURE OF DIRECTOR

I certify that the information included on this form is accurate:

Signature of the Medical Test Site Director

Date